

"FEE ADDRESS" INDICATION FORM

Address to:
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Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the following address:

☒ Customer Number: 36023

OR

☐ Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
7,309,754	10/673,052

Completed (check one)

☐ Applicant/Inventor

Geraldine N. Rochino
Signature

☒ Attorney or Agent of record

Geraldine N. Rochino, Reg. No. 58,147
Typed or printed name

☐ Assignee of record of the entire interest. See
37 CFR 3.71. Statement under 37 CFR 3.73(b)
is enclosed. (Form PTO/SB/96)

(650) 251-7700
Customer's telephone number

☐ Assignment recorded at Reel *, Frame *

November 19, 2008
Date

NOTE: Signatures of all the inventors or assignees or record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☐ *Total of * forms are submitted.